

SERFF Tracking Number:	FRSS-127330728	State:	Arkansas
Filing Company:	The Independent Order of Foresters	State Tracking Number:	49352
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Change of Use Form 2011		
Project Name/Number:	/		

Filing at a Glance

Company: The Independent Order of Foresters

Product Name: Change of Use Form 2011

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FRSS-127330728 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 49352

For Informational Purposes

Co Tr Num:

State Status: Filed-Closed

Reviewer(s): Linda Bird

Disposition Date: 07/22/2011

Authors: Kerry Shields, Kerry
Shields, Jennifer Daigle, Kerry
Shields, Tamara Kozma, Rosemary
Ho, Gita Lakhan, Art Vikari, Gale
Mcinally, Andrew Palmer

Date Submitted: 07/20/2011

Disposition Status: Accepted For
Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Informational

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Approval of these
forms is not required by The Insurance Laws of
Canada where this Society is domiciled.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/22/2011

State Status Changed: 07/22/2011

Deemer Date:

Submitted By: Tamara Kozma

Filing Description:

July 20, 2011

Created By: Tamara Kozma

Corresponding Filing Tracking Number:

RE: Independent Order of Foresters ("Foresters")

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Project Name/Number: /
NAIC #763-58068; FEIN: 980000680

Dear Sir or Madam:

This is an informational filing regarding the forms listed in the table below, previously approved for use in your state. No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standard.

We are writing in regards to our previously approved applications and associated forms. With the industry becoming more reliant on computers and internet technology for its business practices, we wish to expand the methods of use of our applications and other filed and non-filed point of sale forms to allow licensed producers the option to complete and/or submit some or all of the forms electronically using a computer or other mobile device. To that end we are writing to inform you that, in addition to the methods of use described in our prior filings of these forms, these forms may be completed electronically.

Our proposed electronic application software is a wizard-based, intelligent fillable forms program for straight-through processing. It will ensure that the proper application forms are utilized and the information collected is entered correctly, accurately, and securely. Producers will be provided with the option of printing the application for wet signature or utilizing an electronic signature process.

We certify that security measures will be in place to protect customer privacy. In order to utilize the electronic application process producers will be required to be authenticated, by entering a unique userid/password combination, prior to gaining access to the system. The system will initially use a Secured Socket Layer (SSL) encryption certificate, and data collected and transferred to Foresters will be SSL encrypted.

Foresters recognizes that the technology and regulations relating to computers, e-signatures, information security, and delivery is ever-changing and therefore we intend to remain flexible with our approach to ensure we can evolve and upgrade our technology for this process as needed in the future. Foresters confirms that our electronic process will comply with all federal and state regulations relating to digital/electronic signatures and information security, as well as meeting the requirements of all state insurance regulations.

We certify that when completed electronically the questions and statements on the forms will be identical to what was previously approved. PDFs of the completed forms will be presented for review on screen by applicable persons whose signatures are required. Any incorrectly entered data can be corrected at this time prior to signatures being applied. The PDFs will also be available for print.

We would appreciate receiving an acknowledgment of this informational letter. If you have any questions or you require additional information, please contact me via Serff, telephone at 1.800.803.5444 x4571, or email at

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jdaigle@foresters.com

The table below lists our currently approved forms which will be available in both printed and electronic format. Any forms submitted for approval in future may also utilize this process.

Form Number	Form Name/description	Filing #	Approval date
770630	US 02/10 Application for Individual Life Insurance	FRSS-126516328	April 7 2010
770148	US 02/10 Product Details – Lifefirst Term Life	FRSS-126516328	April 7 2010
770331	US 02/10 Product Details – Strong Foundation Term Life	FRSS-126516328	April 7 2010
770685	US 04/11 Product Details – Whole Life Insurance	FRSS-127024155	June 20 2011
770524	US 02/10 Product Details – BIG Universal Life	FRSS-126516328	April 7 2010
770598	US 02/10 Product Details – SMART Universal Life	FRSS-126516328	April 7 2010

Supplementary Related Forms

104907	US 02/10 Contingent Owner / Other Payer Identification	FRSS-126516328	April 7 2010
104977	US 02/10 Medical Examination Report	FRSS-126516328	April 7 2010
105365	US 06/11 Application Overflow form	FRSS-127300950	July 8, 2011
105263	US 03/11 Application for Conversion	FRSS-127031681	Mar 9 2011
770627	US 02/10 Notices	FRSS-126516328	April 7 2010

Supplementary Underwriting Questionnaires

101468	US 02/10 Activities of Daily Living Questionnaire	FRSS-126516328	April 7 2010
104030	US 02/10 Aerial Sports Questionnaire	FRSS-126516328	April 7 2010
105056	US 02/10 Alcohol Usage Questionnaire	FRSS-126516328	April 7 2010
105057	US 02/10 Arrhythmia/Atrial Fibrillation/Irregular Heartbeat Questionnaire	FRSS-126516328	April 7 2010
101459	US 02/10 Arthritis Questionnaire	FRSS-126516328	April 7 2010
101461	US 02/10 Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder Questionnaire	FRSS-126516328	April 7 2010
104357	US 02/10 Aviation Questionnaire	FRSS-126516328	April 7 2010
105058	US 02/10 Back and Neck Questionnaire	FRSS-126516328	April 7 2010
105059	US 02/10 Benign Prostate Questionnaire	FRSS-126516328	April 7 2010
101463	US 02/10 Business Financial Questionnaire	FRSS-126516328	April 7 2010
104024	US 02/10 Climbing and Mountaineering Questionnaire	FRSS-126516328	April 7 2010
105060	US 02/10 Chest Pain Questionnaire	FRSS-126516328	April 7 2010
105065	US 02/10 Diabetes Questionnaire	FRSS-126516328	April 7 2010
104019	US 02/10 Cyst, Lump or Tumor Questionnaire	FRSS-126516328	April 7 2010

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105073 US 02/10 Digestive System Disorders Questionnaire FRSS-126516328 April 7 2010
105066 US 02/10 Drug and Substance Usage Questionnaire FRSS-126516328 April 7 2010
105068 US 02/10 Epilepsy and Seizure Disorder Questionnaire FRSS-126516328 April 7 2010
104628 US 02/10 Foreign Travel Questionnaire FRSS-126516328 April 7 2010
105071 US 02/10 Heart Murmur Questionnaire FRSS-126516328 April 7 2010
104020 US 02/10 High Blood Pressure Questionnaire FRSS-126516328 April 7 2010
104021 US 02/10 Kidney and Urinary Disorders Questionnaire FRSS-126516328 April 7 2010
105077 US 02/10 Lupus Questionnaire FRSS-126516328 April 7 2010
105079 US 02/10 Mental Health Questionnaire FRSS-126516328 April 7 2010
101472 US 02/10 Military Questionnaire FRSS-126516328 April 7 2010
101467 US 02/10 Personal Financial Questionnaire FRSS-126516328 April 7 2010
105085 US 02/10 Prostate Cancer Questionnaire FRSS-126516328 April 7 2010
105086 US 02/10 Respiratory Disorders Questionnaire FRSS-126516328 April 7 2010
104033 US 02/10 Scuba and Skin Diving Questionnaire FRSS-126516328 April 7 2010
105089 US 02/10 Sleep Apnea/Sleep Disorder Questionnaire FRSS-126516328 April 7 2010
101470 US 02/10 Tobacco Questionnaire FRSS-126516328 April 7 2010
104031 US 02/10 Hazardous Sports Questionnaire FRSS-126516328 April 7 2010
101476 US 10/10 Immigration Questionnaire FRSS-126847684 Oct 11 2010
105366 US 06/11 Application Overflow form FRSS-127300950 July 8, 2011
770554 AR 11/08 Application for Life Insurance (PlanRight) FRCS-125958327 January 8 2009
104707 US (05/06) Critical Illness Rider (Accelerated Death Benefit) Disclosure – Term SERT-6QSJ49197 Sept 18 2006
100948 AR 09/07 Notice and Consent for blood and Body Fluid Testing FRSS-125308128 October 17 2007
104978 US 06/08 Important Notice: Replacement of Life Insurance or Annuities FRSS-125702863 June 20, 2008
OF-312-93 US Declaration of Continued Insurability --- August 24 1999

Sincerely yours,

Jennifer Daigle
Manager-Forms Compliance and Regulatory Approvals
Technical Actuarial, Product Solutions Group.
Foresters

Company and Contact

Filing Contact Information

Kerry Shields, Compliance Analyst	kshields@foresters.com
789 Don Mills Road	416-429-3000 [Phone] 4066 [Ext]
Toronto, ON M3C 1T9	416-467-2525 [FAX]

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Filing Company Information

The Independent Order of Foresters CoCode: 58068 State of Domicile: Ontario
789 Don Mills Road Group Code: Company Type: Fraternal Benefit
Society
Toronto, ON M3C 1T9 Group Name: State ID Number:
(416) 429-3000 ext. [Phone] FEIN Number: 98-0000680

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	\$50.00	07/20/2011	49940900

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		07/22/2011	07/22/2011

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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 07/22/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			